attack, which kept him in bed for six weeks. His left side, he says, was more affected than the right, and his arms recovered first. Soon after recovering from this attack he went to Picton, where after ten days he had another attack of paralysis, lasting three months. He gradually improved and began practice again until following summer, when he again overworked himself, but after a rest in Muskoka he worked again during the winter. Some stiffness in his legs, however, always continued. During the following summer he suffered much from dysentery, but was again better during the winter. In the spring two years ago he felt badly, and he then did the Salsbury treatment. Since this time his eyesight has been bad. He spent last winter in Nebraska, where he was fairly well. He has not worked for a year and a half, and his walking has been growing steadily worse. His bowels are very constipated, and in the past five years he has scarcely had a natural motion. He has had trouble to pass urine, and he now is often obliged to wait for it to pass, and the propulsion is not good. At times he is very dizzy, so that everything swims, and he can maintain his equilibrium only with difficulty. He does not vomit, but has had a feeling of intense nausea with the dizziness; giddiness much increased when he turns. He complains of a sense of pressure over occiput when the nausea is bad. The patient stands and walks with feet widely separated, and has great difficulty, when standing with his feet together, to maintain his equilibrium. His balance is scarcely more uncertain when he closes his eyes, and he walks with his eyes closed almost as well as when they are open. He fell off the sofa at my office when dressing. His walk resembles that of a drunken man. He has some inco-ordination in legs, and less in arms. He does not stamp feet in walking, and says he can put them where he wants them without trouble, and he does so in walking without marked excursion. He has no tremor of the hands. Dynamometer, R 85, L. 67. Strength good in all the muscles of the legs: no wasting of any muscles. Sensibility quite good over entire body: but he says for a light touch he uses right hand. His knee jerks are markedly increased on both sides, and a distinct ankle clonus on both sides is also present. He tells me that at one time knee jerks were lost. Plantar reflex absent. His eyes show a slight nystagmus on lateral rotation. Except this, movements normal. Discs both show a typical grey atrophy. Dr. Ryerson kindly informs me that five years ago the patient had distinct papillitis in both eyes, and that the patient then required assistance in walking, his gait being very unsteady. Respirations are very slow—seven per minute. Pulse 76 and regular; urine normal; appetite good, and he sleeps well. Patient is bright and intelligent. He is